

Central Bedfordshire Overview and Scrutiny Committee

Date: 8th November 2018

Subject: Extended Access to Primary Care Update

Summary

An update on extended access to primary care services in Central Bedfordshire. Extended access services are available to 100% of the population every weekday 6:30-8:00pm and at weekends. The service went live in Chiltern Vale on 1 September, in Ivel Valley and West Mid Beds on 17 September and in Leighton Buzzard on 22 September.

Options

The committee are asked to note the update.

Background

The General Practice Forward View (GPFV) sets out an ambition to strengthen and redesign general practice, including delivering extended access in primary care. The trajectory and requirements for Improving Access to General Practice were first outlined in the *NHS Operational Planning and Contracting Guidance 2017-19*. At this time NHS England requirements were 100% national population coverage by March 2019.

NHS England since changed the mandate to 100% coverage of Extended Access to General Practice services for the population of Bedfordshire by September 2018.

Extended Access to primary care is pivotal to increasing capacity and resilience within general practice in addition to reducing demand on the wider system. The service will lay the foundations for Primary Care working at scale, long-term resilience and improved patient experience.

The requirements for extended access are detailed below:



What have we got to deliver: seven core requirements

Timing of appointments	 Commission weekday provision of access to pre-bookable and same day appointments to general practice services in evenings (after 6.30pm) – to provide an additional 1.5 hours every evening Commission weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs Provide robust evidence, based on utilisation rates, for the proposed disposition of services throughout the week
Capacity	 Commission a minimum additional 30 minutes consultation capacity per 1000 population per week, rising to 45 minutes per 1000 population
Measurement	Ensure usage of a nationally commissioned new tool to be introduced during 2017-18 to automatically measure appointment activity by all participating practices, both in-hours and in extended hours. This will enable improvements in matching capacity to times of great demand
Advertising and ease of access	 Ensure services are advertised to patients, including notification on practice websites, notices in local urgent care services and publicity into the community, so that it is clear to patients how they can access these appointments and associated service Ensure ease of access for patients including: All practice receptionists able to direct patients to the service and offer appointments to extended hours service on the same basis as appointments to non-extended hours services Patients should be offered a choice of evening or weekend appointments on an equal footing to core hours appointments
Digital	Use of digital approaches to support new models of care in general practice
Inequalities	 Issues of inequalities in patients' experience of accessing general practice identified by local evidence and actions to resolve in place
Effective access to wider whole system services	Effective connection to other system services enabling patients to receive the right care the right professional including access from and to other primary care and general practice services such as urgent care

The funding (£3.34 per head in 2018/19 and £6.00 per head in 2019/20) and requirement (30 minutes provision for every 1,000 registered patients) is based on a weighted population of 452,471.1.

Supporting papers

Services overview

Patients have access to appointments 6:30-8:00pm on weekdays and at weekends (morning-lunchtime). The service is available to all registered patients and appointments are accessed through their registered practice. The locations of services are listed below:

Locality	Bases		
Ivel Valley	Ivel Valley Medical Centre, Shefford Medical Centre		
Leighton Buzzard	Leighton Road Surgery		
West Mid Beds	Flitwick Surgery, Asplands		
Chiltern Vale	Rotational model between CV practices		

The CCG is required to provide 905 additional appointments each week across the CCG area, currently around 80% of these are being delivered weekly. As services scale up to deliver the required number of appointments there are some evenings where not all bases are open, where this is the case appointments in other Localities are opened up to ensure patients have access to appointments.

The workforce in the services is largely made up of existing Bedfordshire practice staff (both clinical and non-clinical).

The providers of the extended access services in Central Bedfordshire Localities are as below.

Locality	Provider		
Ivel Valley	BEDOC		
Leighton Buzzard	BEDOC		
West Mid Beds	BEDOC		
Chiltern Vale	Chiltern Vale Health Community Interest Company (CIC)		

The service went live in Chiltern Vale on 1st September, in Ivel Valley and West Mid Beds on 17th September and in Leighton Buzzard on 22nd September.

94% of BCCG practice websites currently advertise the service, this is expected to rise to 100% soon. National promotion of services is expected before the end of the year as well as increased promotion from BCCG following successful launch.

Utilisation of appointments

September

Locality	Available appointments	Booked	DNA	Utilisation
Ivel Valley	228	159	13	66.20%
Leighton				
Buzzard	85	81	3	92.90%
West Mid Beds	154	103	9	63.00%
Chiltern Vale	622	535	71	68.09%

- In September 81% of appointments in Central Bedfordshire were booked
- 11% DNA rate ('did not attend')

October

Locality	Available appointment s	Booked	DNA	Utilisation
Ivel Valley	276	213	16	73.20%
Leighton				
Buzzard	261	224	30	81.20%
West Mid Beds	336	230	28	64.90%
Chiltern Vale	670	621	52	79.90%

- In October 83.5% of appointments in Central Bedfordshire were booked
- Around 10% DNA rate ('did not attend')

Next steps:

- Develop direct booking into extended access from 111 service
- Connecting extended access into Hospital Pathology systems
- Increase clinical shift fill in service, rotation of some bases being discussed

End